FORM D

SEC Mell Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 09 2009

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00

SEC U	JSE ONLY
Prefix	Serial
	DEGENER.
DATE	RECEIVED

NOW TO THE REPORT OF THE PARTY				i
Name of Offering (check if this is an amendments and name	has changed, and indica	te change.)		
Class A Membership Interests Filing Under (Check box(es) that apply): Rule 504 Rule	505 ⊠ Rule 506 □ 5	Section 4(6) ULC	PROCE	CCED
Type of Filing: New Filing Amendment	303 23.11.10 300 11.1	300o 1(0) 🗀 029		aald
	IFICATION DATA	F	JAN 16	2009
Enter the information requested about the issuer		7.1	ABBALL	RELIVERA
Name of Issuer (check if this is an amendment and name has	changed, and indicate ch	nange.)	OMSON	Keuieks
Leap Frogg, LLC				
Address of Executive Offices (Number and Street, C	ty, State, Zip Code)	Telephone Number (In	ncluding Area C	ode)
2591 B 3/4 Road, Suite 200 Grand Junction, CO 81503		970-245-0124		
Orana Ganerica, CO Greek				
Address of Principal Business Operations (Number and Street, C (if different from Executive Offices)	ty, State, Zip Code)	Telephone Number (In	ncluding Area C	lode)
Brief Description of Business Developing, building and testi thromboemboli	ng new medical device t	o assist in prevention	of venous	<u></u>
Type of Business Organization corporation limited partnership, already for business trust limited partnership, to be form		(please specify): <u>limit</u>	ed liability co.	<u>.</u>
Actual or Estimated Date of Incorporation or Organization:	Month 0 1	Year 0 7 ⊠ Actua	l 🗍 Estin	nated
Jurisdiction of Incorporation	(Enter two-letter U.S. 1	Postal Service abbrevi	ation	
or Organization:	For State: CN for Can	· —	-	 -
	Jurisdiction)			
GENERAL INSTRUCTIONS				
Federal: Who Must File: All issuers making an offering of securities in reliance seq. or 15 U.S.C. 77d(6).	on an exemption under Reg	ulation D or Section 4(6)), 17 CFR 230.5	501 et
When to File: A notice must be filed no later than 15 days after the firs Securities and Exchange Commission (SEC) on the earlier of the date it address after the date on which it is due, on the date it was mailed by Un	t is received by the SEC at t	he address given below	or, if received a	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Str	eet, N.W., Washington, D.C	2. 20549		
Copies Required: Five (5) copies of this notice must be filed with the signed must be photocopies of the manually signed copy or bear typed o		e manually signed. Any	copies not man	nually
Information Required. A new filing must contain all information reque any changes thereto, the information requested in Part C, and any mate Part E and the Appendix need not be filed with the SEC.				

State:

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the Federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Promoter ⊠ Beneficial Owner ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Mayer, Mathew Business or Residence Address (Number and Street, City, State, Zip Code) 2591 B 3/4 Road, Suite 200, Grand Junction, CO 81503 Beneficial Owner ■ Executive Officer ☐ Director ☑ General and/or Check Box(es) that Apply: ☑ Promoter Managing Partner Full Name (Last name first, if individual) Mayer, David Business or Residence Address (Number and Street, City, State, Zip Code) 2591 B 3/4 Road, Suite 200, Grand Junction, CO 81503 ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В. 1	NFORMA	TION ABO	OUT OFFE	RING				
1.	Has the iss	uer sold, or						estors in the	_	;?	Yes	No
2.	What is the	minimum :				-	•				\$_50,000	`
	7,1111,125				oo accepted		, 1110111011		••••••	********	Yes	No
3.	Does the o	ffering pern	iit joint ow	nership of	a single u	nit?				*******	\boxtimes	
4.	indirectly, with sales broker or o dealer. If you may so	any commit of securities ealer registe nore than fi et forth the i	ssion or si in the offered with the ve (5) personformation	imilar remering. If a ne SEC and sons to be for that b	nuneration person to d/or with listed are	for solici be listed i a state or s associated	itation of sistematics an associates, list persons of	purchasers iated perso the name o	in conne on or agen of the brok	ction t of a cer or		
rull	Name (Las	name first,	ii individu	al)								
Busi	iness or Res	idence Add	ress (Numb	er and Str	eet, City,	State, Zip	Code)				•	
Nan	ne of Associ	ated Broker	or Dealer					-				-
State	es in Which	Person List	ed Has Sol	icited or h	ntends to S	Solicit Pur	chasers					
(Che	ck "All Sta	tes" or chec	k individua	ıl States)							🗆	All States
[AL [IL] [MT [RI] Full	[IN] [NE] [SC]	[AZ] [IA] [NV] [SD] name first,	[AR] [KS] [NH] [TN] if individu	[CA] [KY] [NJ] [TX] al)	[CO] [LA] [NM] [UT]	[CT] [ME] [NY [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Busi	ness or Res	idence Addi	ress (Numb	er and Str	eet, City,	State, Zip	Code)					
Nam	e of Associ	ated Broker	or Dealer									
State	es in Which	Person List	ed Has Sol	icited or In	itends to S	Solicit Pur	chasers			·· <u>-</u>		
(Che	eck "All Sta	tes" or chec	k individua	l States)	••••••						🗖	All States
[AL] [IL] [MT [RI] Full	[IN] [NE] [SC]	[AZ] [IA] [NV] [SD] name first,	[AR] [KS] [NH] [TN] if individu	[CA] [KY] [NJ] [TX] al)	[CO] [LA] [NM] [UT]	[CT] [ME] [NY [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Busi	ness or Res	dence Addi	ess (Numb	er and Str	eet, City, S	State, Zip	Code)					
Nam	e of Associ	ated Broker	or Dealer						· · · · · · ·			
State	s in Which	Person List	ed Has Soli	cited or Ir	tends to S	olicit Puro	hasers					
(Che	ck "All Sta	es" or check	k individua	l States)			••••				🗀 4	All States
[AL] [IL] [MT [RI]	[IN]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt..... \$ -0-\$ -0-Equity \$ -0-Common Preferred Convertible Securities (including warrants) Partnership Interests \$ 0 Other (Class A Membership Interest)..... \$ 700,000 \$_-0-\$ 700,000 \$ 0 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$ 0 Non-accredited Investors. -0-\$_-0-Total (for filings under Rule 504 only)..... N/A \$_N/A_ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C ~ Ouestion 1. Dollar Amount Type of offering Type of Security Sold Rule 505 Regulation A \$ N/A Rule 504..... N/A \$ N/A N/A \$_N/A a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the

\$_10,000

\$ 10,000

Totai

issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENS	ES AND U	SE OF PROCEEDS	i
	b. Enter the difference between the ag Question 1 and total expenses furnished is the "adjusted gross proceeds to the issu	isterence		\$ 690,000	
5.	Indicate below the amount of the adjuste used for each of the purposes shown. If estimate and check the box to the left of equal the adjusted gross proceeds to the above.		-		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$	\$
	Purchase of real estate			\$	\$
	Purchase, rental or leasing and inst	allation of machinery and equipment		\$	\$
	Construction or leasing of plant bu	ildings and facilities		\$	\$
	offering that may be used in exc	cluding the value of securities involved in the	ет	s	\$
				•	¥
	Repayment of indebtedness			\$	\$
	Working capital		⊠	\$ 578,077	\$
	Other (specify): .Repayment of Lin	ne of Credit to Affiliate		\$_111,923	\$
	Real estate taxes			\$	s
	Column Totals		🖾	\$_690,000	\$_0
	Total Payments Listed (column tot	als added)	•••••	⊠ \$_ <u>(</u>	690,000
		D. FEDERAL SIGNATURE			
foll	owing signature constitutes an undertaking	e signed by the undersigned duly authorize g by the issuer to furnish to the U.S. Securiti er to any non-accredited investor pursuant to	ies and Ex-	change Commission,	
Issu	er (Print or Type)	Signature	Г	Date /	/
Lea	p Frogg, LLC	11/08/0	18		
Nar	ne of Signer (Print or Type)		-/-/		
Ma	tthew Mayer				
		l			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (Sec 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.		230.252(c), (d), (e) or (f) presently subject to a	
		See Appendix, Column 5, for state response	e.
2.	The undersigned issuer hereby und Form D (17 CFR 239.500) at such to		f any state in which this notice is filed, a notice on
3.	The undersigned issuer hereby und issuer to offerees.	ertakes to furnish to the state administrators,	upon written request, information furnished by the
4.	limited Offering Exemption (ULO)	that the issuer is familiar with the conditions to b) of the state in which this notice is filed and establishing that these conditions have been sat	that must be satisfied to be entitled to the Uniform understands that the issuer claiming the availability tisfied.
	er has read this notification and kno ned duly authorized person	ows the contents to be true and has duly cau	used this notice to be signed on its behalf by the
Issuer (P	rint or Type)	Signature	Date
Leap Fr	ogg, LLC	Man Man-	11/25/08
Name of	Signer (Print or Type)	Title of Signer (Print or Type)	7 /

Manager of Leap Frogg, LLC

Matthew Mayer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4		Disqua	5 lification	
	to non-a investor	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL						_			<u> </u>	
AK										
ΑZ		x	\$700,000 Membership Interest			0	\$0		X	
AR										
CA										
со		x	\$700,000 Membership Interest			0	\$0		X	
СТ										
DE										
DC						-				
FL										
GA					·					
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA			<u> </u>							
МЕ		ļ						<u> </u>		
MD			ļ			<u> </u>				
MA										
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МТ						ļ				
NE	 		 						<u> </u>	
NV			<u></u>			ļ				
NH	.		<u> </u>							
NJ						_				
NM										

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APPENDIX

1	2 3				5 Disqualification				
	Intend to sell and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offering price (Part C-Item 1)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NY									ļ. ————
NC			_						
ND			ļ						
ОН			.						
OK							· · · · · · · · · · · · · · · · · · ·		
OR			<u> </u>						
PA									
RI									
sc									
SD									
TN									
TX								ļ	
UT									
VT									
VA									
WA									
wv									
WI									
WY									
PR									



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